Commonwealth of Virginia Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator Via USPS Post Office Box 198689 (USPS)

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Via Courier 150 Fourth Avenue North, Suite 800

Nashville, TN 37219

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Instructions:



Virginia Board for Barbers and Cosmetology COSMETOLOGY - COSMETOLOGY INSTRUCTOR **EXAMINATION & LICENSE APPLICATION**

Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to Professional Credential Services, Inc. at the Professional Credential Services address above. AFTER PASSING BOTH THE PRACTICAL & THEORY PORTIONS OF THE EXAM, Professional Credential Services, Inc. will send you a FEE CARD. Submit the signed FEE CARD and license fee to:

> Virginia Board for Barbers and Cosmetology Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233

Select the examination you are requesting. Select only one.

X	Examination	Fee	
	Practical & Theory Exam	\$115.00	
	Practical Exam	\$ 45.00	
	Theory Exam	\$ 70.00	

1.	Name						
	Last			First	Middle		Generation
2.	Social Security Number * State law requires every a by the Commonwealth to p	•			to engage in a business, tra Virginia Department of Motor	- [] ade, profession or Vehicles.	occupation issued
3.	Date of Birth						
4.	Maiden Name or Form	ner Surname(s)					
5.	Street Address (PO B	ox <u>not</u> accepted)					
	PHYSICAL ADDR	RESS REQUIRED					
				City		State	Zip Code
6.	Mailing Address (PO I	Box accepted)					
	If a mailing address is address will be prin		g				
				City		State	Zip Code
7.	E-mail Address						
8.	Contact Numbers	Primary Telepho	ne		Ext		
		Alternate Teleph	one		Ext		
		Facsimile					
FOR FFIC		E TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICEN	NSE #	ISSUE DATE
USE ONL\		1020			12		

9.	No Cosmetology	03	ear(s) Taken				
	Cosmetology Instructor						
10.	Do you have a current or expired Virginia E	Barber, Cosmetology or Nail Technic	ian License?				
	Yes Virginia License	Number	Expiration Date				
	Virginia License		Expiration Date				
11.	Are you applying to take the <u>Instructor</u> Exa	imination?					
	No						
	Yes VA Cosmetology Lice	ense No.	Expiration Date				
	If yes, skip to #13.						
12.	Which method are you using to qualify for	, 					
	 Completion of an approved cost Virginia public school cosmetolog Required Documentation: A comp 	metology training program in a Vir ly program approved by the Virginia leted <i>Training & Experience Verification For</i>	ginia licensed cosmetology s Department of Education ^m	chool or a			
	that is obtained outside the Comr Required Documentation: A diplor	smetology training which is substar monwealth of Virginia, but within the ma or official school transcript indicating suc Board in the state where the 1500 hours of t	United States and its territorie cessful completion of 1500 hours of 1	a program S instruction or			
	and six months of cosmetology w	uivalent cosmetology course (consistork experience icate, diploma or other documentation veripperience Verification Form documenting at	•	O.			
	Completion of the Virginia apprenticeship program in cosmetology Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative						
	☐ Virginia licensed barber with two Required Documentation: A comp	years of work experience leted <i>Training & Experience Verification For</i>	m				
	Virginia licensed barber with less than two years of work experience or Virginia barber student enrolled in a Virginia cosmetology training school and seeking credit for performances completed at a barber school Required Documentation: A completed Training & Experience Verification Form						
	Cosmetology training obtained in any Virginia state institution Required Documentation: A completed Training & Experience Verification Form						
		ence in the United States armed for leted <i>Training & Experience Verification For</i>					
13.	Do you have a current or expired Barber, (United States or its territories (excluding V	Cosmetology or Nail Technician Lice irginia)?	ense in any state or jurisdiction	n within the			
	No						
	Yes List the licenses, certific	cations and registrations in the follow	ving table.				
	State/Jurisdiction	License, Certification or Registration Number	Expiration Date				
	State Surfaction	Registration Number	Expiration date				
14.	Have you ever been subject to a disciplina body?	ary action taken by <u>any</u> (including V	irginia) local, state or national	regulatory			
	No						
	Yes If yes, please provide regulatory agency with	a certified copy of the final order, lawful authority to issue such order,	decree or case decision by decree or case decision.	a court or			

15.			een convicted in any jurisdiction of any misdemeanor of felon to e disclosed on this application.	ıy :	Any guilly plea of plea of flolo
	No		,,		
	Yes		If yes, list the misdemeanor and/or felony conviction(s). Attach a certified copy of the final order, decree, or case decision be lawful authority to issue such order, decree, or case decision; to have considered with this application (e.g., information on the probation; reference letters; documentation of rehabilitation). a separate sheet of paper. Certified copies of court records may be obtained by writing to the which you were convicted. The address is available from your local proportion of the proper convicted. Virginia residents must complete a criminal history records must complete a criminal hi	ar the If a	a court or regulatory agency with nd any other information you wish a status of incarceration, parole or additional space is needed, attach lerk of the Court in the jurisdiction in ce department. ate police in the jurisdiction in which
			of a notary public and mail it to the Department of State Police, Co-Office Box 27472, Richmond, VA 23261-7472.	enti	ral Criminal Records Exchange, Post
16.	Are you apply	ying f	or a temporary permit? DOES NOT APPLY TO STUDENT INSTRU	C1	TOR TEMPORARY PERMITS.
	No				
	Yes		If yes, your sponsor must complete and sign the following spon	S0	rship statement.
			I, the undersigned, agree to supervise all activities related the named applicant, and shall be responsible for his/her time the temporary permit is in force.	to cc	the practice of cosmetology for osmetology activities during the
			Printed Name of Sponsor	Si	ignature of Sponsor
		S	ponsor's Virginia Cosmetology License Number		
17. I, the undersigned, certify that the foregoing statements and answers are true, and I have no information that might affect the decision to approve this application. I certify that I will notify the subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) pri requested license. I certify that I have read, understood and complied with all the laws of Virginia u of Title 54.1, Chapter 7 of the <i>Code of Virginia</i> and the <i>Virginia Board for Barbers and Cosmetology</i>				will notify the Department if I am jurisdiction) prior to receiving the	
	Signature			_	Date
					Attach
					Recent 2x2
					Head & Shoulders Photo Here
					Photocopy pictures are not permitted